

**APPLICATION FOR CASUAL LEAVE**

Name of Office : \_\_\_\_\_  
Name of Applicant : \_\_\_\_\_  
Designation : \_\_\_\_\_  
No. of Leave Required : \_\_\_\_\_  
Date(s) of Leave : \_\_\_\_\_  
Reason for Leave : \_\_\_\_\_  
No. Casual Leave already availed : \_\_\_\_\_

Signature of applicant

FOR OFFICE USE	
Remarks of the Head of Office	Signature of the Head of Office

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